

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	INHALATION DEVICE AND METHOD
Attorney Docket Number::	000166.0109-US04
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	13
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Family Name::	Edwards
City of Residence::	Boston
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	171 Commonwealth Avenue, Unit 3
City of mailing address::	Boston
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02116

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Family Name:: DeLong  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 266 Grove Street, Apartment 9  
City of mailing address:: Newton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02466

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Craig  
Family Name:: Dunbar  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Woodland Road  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02130

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Family Name:: Wolff  
City of Residence:: Somerville

State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 14 Mead Street, Apartment 1  
City of mailing address:: Somerville  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02144

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ernest  
Middle Name:: E.  
Family Name:: Penachio  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 18 Speridakis Terrace  
City of mailing address:: Cambridge  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kevin  
Family Name:: Stapleton  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 4221 East Lynn Street  
City of mailing address:: Seattle  
State or Province of mailing address:: WA

Postal or Zip Code of mailing address:: 98112

### **Correspondence Information**

Correspondence Customer Number:: 26853

### **Representative Information**

Representative Customer Number:: 26853

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/835,302	04/16/01

### **Assignee Information**

Assignee name:: Advanced Inhalation Research, Inc.

Street of mailing address:: 840 Memorial Drive

City of mailing address:: Cambridge

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02139